

SERFF Tracking Number:	HRCN-125960578	State:	Arkansas
Filing Company:	Horace Mann Life Insurance Company	State Tracking Number:	41314
Company Tracking Number:	AR IL-L12200		
TOI:	L08 Life - Other	Sub-TOI:	L08.000 Life - Other
Product Name:	Life reinstatement application		
Project Name/Number:	/		

Filing at a Glance

Company: Horace Mann Life Insurance Company

Product Name: Life reinstatement application	SERFF Tr Num: HRCN-125960578	State: ArkansasLH
TOI: L08 Life - Other	SERFF Status: Closed	State Tr Num: 41314
Sub-TOI: L08.000 Life - Other	Co Tr Num: AR IL-L12200	State Status: Approved-Closed
Filing Type: Form	Co Status:	Reviewer(s): Linda Bird
	Author: Rita Rowe	Disposition Date: 01/12/2009
	Date Submitted: 01/12/2009	Disposition Status: Approved
Implementation Date Requested: On Approval		Implementation Date:

State Filing Description:

General Information

Project Name:	Status of Filing in Domicile: Pending
Project Number:	Date Approved in Domicile:
Requested Filing Mode: Review & Approval	Domicile Status Comments:
Explanation for Combination/Other:	Market Type: Individual
Submission Type: New Submission	Group Market Size:
Overall Rate Impact:	Group Market Type:
Filing Status Changed: 01/12/2009	
State Status Changed: 01/12/2009	Deemer Date:
Corresponding Filing Tracking Number:	
Filing Description:	
IL-L12200 Application for reinstatement of life insurance	
IL-L38300 Consumer privacy notice	

The above captioned forms are being submitted for your consideration and approval. These are new forms and do not replace any others previously approved by your department.

No part of of these new forms contain any controversial items from normal company or industry standards.

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These forms will be used for whole life and level term life reinstatements when requested by the client(s). The reinstatement application has been completed in "John Doe" fashion and both forms contain bracketed items which indicate variable material. The variable material on the reinstatement application includes: (1) Policy Number – This number will change for each application. (2) Fraud Notices – If necessary, we will incorporate state regulation changes regarding fraud notice text in this section. The variable material on the consumer privacy notice includes the MIB contact information. This information will only change when requested by MIB, Inc.

These forms will be printed through our electronic publishing system. For filing purposes, these forms have been created using a laser printer; however, when these forms are produced through our electronic publishing systems, the margin settings, spacing, line wrapping, page endings, page numbers, etc., may differ.

Company and Contact

Filing Contact Information

Rita Rowe, Sr. Product Development & Compliance Coordinator	rower1@horacemann.com
1 Horace Mann Plaza	(217) 788-5703 [Phone]
Springfield, IL 62715-0001	(217) 535-7197[FAX]

Filing Company Information

Horace Mann Life Insurance Company	CoCode: 64513	State of Domicile: Illinois
1 Horace Mann Plaza	Group Code:	Company Type: Life, Accident/Health, Annuity, Credit
Springfield, IL 62715-0001	Group Name:	State ID Number:
(217) 789-2500 ext. [Phone]	FEIN Number: 37-0726637	

Filing Fees

Fee Required?	Yes
Fee Amount:	\$50.00
Retaliatory?	No
Fee Explanation:	
Per Company:	No

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COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Horace Mann Life Insurance Company	\$50.00	01/12/2009	24948133

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Linda Bird	01/12/2009	01/12/2009

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Disposition

Disposition Date: 01/12/2009

Implementation Date:

Status: Approved

Comment:

Rate data does NOT apply to filing.

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Item Type	Item Name	Item Status	Public Access
Supporting Document	Certification/Notice		Yes
Supporting Document	Application		No
Form	Application for reinstatement of life insurance		Yes
Form	Consumer privacy notice		Yes

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Form Schedule

Lead Form Number: IL-L12200

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	IL-L12200	Application/ Enrollment Form	Application for reinstatement of life insurance	Initial		50	IL-L12200.pdf
	IL-L38300	Other	Consumer privacy notice	Initial		50	ILL38300.pdf

Horace Mann Life Insurance Company

1 Horace Mann Plaza
Springfield, Illinois 62715-0001
1-800-999-1030

[APP/LFCPSAPP]

Application for reinstatement of life insurance

Policy number 0500000000

Amount of premium submitted \$135.00

Proposed Insured 1

Doe, John Robert
Name (Last, first, middle)

Birthdate (MM/DD/YYYY) 07/08/1976

Height 6 Ft. 3 In. Weight 185 Lbs.

Lost or gained over 10 lbs. in the last year? ☐ Yes ☒ No

If yes, give amount _____ lbs. and explain why in item 6.

Present occupation/# of years Teacher

8 years

Phone number 123-456-7890

Best time to call After 4 pm

Proposed Insured 2

Name (Last, first, middle)

Birthdate (MM/DD/YYYY) _____

Height _____ Ft. _____ In. Weight _____ Lbs.

Lost or gained over 10 lbs. in the last year? ☐ Yes ☐ No

If yes, give amount _____ lbs. and explain why in item 6.

Present occupation/# of years _____

Phone number _____

Best time to call _____

For each question below answered "Yes," please provide detailed information in item 6.

1. In the last 10 years, has any Proposed Insured been treated by a licensed medical professional for any of the following? If so, check all that apply.

#1 #2

- ☐ ☐ diabetes
☐ ☐ liver disease
☐ ☐ nervous disorder
☐ ☐ alcohol or drug abuse
☐ ☐ stroke

#1 #2

- ☐ ☐ cancer/tumor
☐ ☐ blood disorder (excluding HIV)
☐ ☐ respiratory disorder
☐ ☐ heart disease
☐ ☐ digestive disorder

#1 #2

- ☐ ☐ hypertension
☐ ☐ kidney disorder
☐ ☐ depression
☐ ☐ congenital defect

2. Is any Proposed Insured now receiving treatment of any kind or scheduled for any surgery or medical tests?

#1 #1 #2 #2
☐ Yes ☒ No ☐ Yes ☐ No

3. In the last 5 years, has any Proposed Insured been diagnosed by or received treatment from a licensed medical professional for Acquired Immune Deficiency Syndrome (AIDS) or human immunodeficiency virus infection (HIV)?

☐ Yes ☒ No ☐ Yes ☐ No

4. Within the last two years, has any Proposed Insured been or intend to become an aviation pilot, student pilot or crew member?

☐ Yes ☒ No ☐ Yes ☐ No

5. Has any Proposed Insured ever had an application for insurance or reinstatement of insurance declined, postponed, rated or limited? (If yes, explain in item 6.)

☐ Yes ☒ No ☐ Yes ☐ No

6. **Explanation for any question answered "Yes."** Please provide question number, Proposed Insured's name and explanation, such as condition or activity, date diagnosed, medicines and dosages, recovery date, and name and address of attending physician.

Authorization — The following sources are authorized to disclose medical and non-medical information about the Proposed Insured(s) to Horace Mann Life Insurance Company, or its reinsurers: (1) any physician; (2) any medical practitioner; (3) any hospital; clinic; Veterans Administration, or other health care provider; (4) any insurance company; (5) any consumer reporting agency; and (6) the Medical Information Bureau, Inc. This includes but is not limited to all information as to any medical history, consultations, diagnosis, prognosis, prescriptions, treatments, tests, and any information regarding alcohol or drug abuse.

I understand that the information obtained will be used to determine eligibility for insurance for each Proposed Insured. Horace Mann Life Insurance Company may release any such information to its reinsurers and the Medical Information Bureau, Inc. To facilitate rapid submission, all such sources are authorized, except the Medical Information Bureau, Inc., to give information to any agency employed by Horace Mann Life Insurance Company to collect and transmit such information. I agree that a photocopy of this authorization is as valid as the original and this authorization shall be valid for 24 months from the date signed. I understand that I or one of my authorized representatives may receive a copy of this authorization by requesting the same from my Horace Mann agent or the Horace Mann home office.

I have received a copy of the Consumer privacy notice which: (1) details the methods I must use to exercise my rights to access, correct, and amend any information gathered about the Proposed Insured(s) which relates to my application for insurance; and (2) includes information about consumer reports and the Medical Information Bureau, Inc. Failure to sign this authorization may be a basis for denying my application for insurance. I understand that I can provide written revocation of this authorization to the company at any time, except if: (1) the company has taken action in reliance on the authorization; or (2) the company is using the authorization in connection with a contestable claim under my policy. Revoking this authorization may be a basis for denying my application for insurance or for denying benefits.

Fraud notice[s] — [Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance may be guilty of a crime and may be subject to fines and confinement in prison.]

[Connecticut, Oregon — Any person who knowingly and with intent to defraud an insurer submits an application or files a claim containing false, incomplete, or misleading statements of material fact may be guilty of a crime.]

[Kansas, Nebraska — Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance may be guilty of a crime and may be subject to fines and confinement in prison.]

[Tennessee, Washington — It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.]

Signed at Anytown, US
City and state

Date 1/1/09

John R. Doe
Signature of Proposed Insured 1 (Age 15 and over)

Signature of Proposed Insured 2 (Age 15 and over)

Signature of Parent (Required if Proposed Insured is under age 15 and a parent is not the Owner)

Signature of Spouse (Required in community property states if spouse is not a Proposed Insured or Owner)

Signature of Owner(s) (Give title if signed on behalf of a business)

Signature of Owner(s) (Give title if signed on behalf of a business)

Horace Mann Life Insurance Company

1 Horace Mann Plaza
Springfield, Illinois 62715-0001
1-800-999-1030

Consumer privacy notice

Welcome to Horace Mann Life Insurance Company — You are probably wondering why we've asked so many questions and how we intend to use the information you've provided. Many questions are asked so that we can calculate the cost of your insurance policy, for example, your age, sex and the amount and plan of insurance applied for. Other questions are asked so that we can determine if you are eligible for the policy applied for and to help our agent update your insurance program.

Sources of information — Your application for insurance is our main source of information. Your health and lifestyle are the most important factors we take into account. As part of our evaluation we may, at our expense:

- Interview you or an adult family member by telephone.
- Ask you to be examined by a paramedic or physician. The examination may include such tests as an electrocardiogram, chest x-ray, blood studies, or urinalysis.
- Ask physicians, clinics, hospitals, or other health care providers for information about you.
- Obtain information from the Medical Information Bureau, Inc., and/or a consumer reporting agency. Please refer to later sections for details about this procedure.
- Obtain information from other insurance companies you have applied to in the past. We use this information only for evaluating your application for insurance.

Safeguarding your privacy — We use information about you to underwrite, issue and service insurance policies and to process claims. We may share information about you with certain parties without your consent. The extent that we may do so depends on the law. Some parties who receive information include your agent, a medical professional to tell you of a medical condition you may not know about, or a court, governmental or law enforcement agency. To the extent permitted by law, this information may be shared with nonaffiliated parties that perform marketing or other services on our behalf or with whom we have joint marketing arrangements. This information may also be shared, as permitted by law, within the Horace Mann Companies for auditing, marketing, or other permitted purposes.

Within 30 days of our receipt of your written request, we will send you a copy of all personal information about you in our records or allow you to view this information at our home office. We will identify the source of any such information if such source is an institution. In most cases, medical information will be disclosed either directly to you or to a medical professional designated by you, whichever you prefer. At your request, a copy of any consumer report we obtain on you will be provided to you by the responsible agency.

We will not send you or allow you to view information collected in connection with any claim or civil or criminal proceedings. This would include information relating to suspected fraud or material misrepresentation. We may gather information from you which is used for statistical purposes or marketing research. We will not identify you individually.

Underwriting your request for coverage — Once we receive your application for insurance, we will begin the underwriting process to determine whether you are eligible for insurance, and if so, the rate you should pay for that insurance. In most instances, we are able to provide you with insurance coverage exactly as applied for. However, we may find that we are unable to give you the insurance you applied for or that we are able to offer you such insurance only on a modified basis or at a premium rate greater than our lowest premium rate. If we are unable to provide the coverage you applied for, we will notify you of our decision in writing. We will also provide you with specific reasons for our actions should you send us a written request to do so.

How you may correct our information — If you think any information in our file is not correct or complete, you may ask us in writing to review it. We will respond within 30 days of our receipt of your written request. If we agree with you, we will make any necessary corrections and inform anyone specified by you who may have received such information in the past two years. We will also inform any insurance support organization which has received such information from us within the past seven years.

If we do not agree with you, you may file a statement of dispute with us. That statement will be sent to anyone receiving such information in the past as stated in the preceding paragraph and included in any future disclosure of the disputed information.

Consumer reports — An investigative consumer report may be made to help us determine your eligibility for the insurance you requested. This report may concern your lifestyle, character, general reputation, and personal characteristics, such as health, occupation, and finances. When applicable, it will also involve such matters as your driving record, health history, smoking habits, use of alcohol or drugs, aviation, and hazardous sports participation.

Inquiries will not be directed toward determining your sexual orientation. Also, no adverse underwriting decision will be made because a report shows that you have demonstrated AIDS-related concerns or have sought AIDS-related counseling. AIDS test results received at anonymous counseling and testing sites are confidential and need not be disclosed. Any AIDS testing is limited to FDA-licensed blood tests and a member of the medical profession must make the diagnosis of AIDS.

The consumer reporting agency may obtain information by interviewing you or members of your family, business associates, financial institutions, and acquaintances. You may ask that the agency interview you in person or by telephone. The agency may also check public records, such as police or motor vehicle records.

This information is for insurance purposes only. The consumer reporting agency may retain and release information to others under certain circumstances. If you ask and give proper identification, the agency will provide you with a copy of the report and explain their retention and release practices. Please contact us if you wish to know more about the nature and scope of these reports and how we use them.

Medical Information Bureau, Inc. (MIB) — Information regarding your insurability will be treated as confidential. We or our reinsurers may, however, make a brief report thereon to MIB, Inc., formerly known as the Medical Information Bureau, a not-for-profit membership organization of insurance companies, which operates as an information exchange on behalf of its members. If you apply to another MIB member company for life or health insurance coverage, or a claim for benefits is submitted to such company, MIB, upon request, will supply such company with information in its file.

Upon receipt of a request from you, MIB will arrange disclosure of any information it may have in your file. Please contact MIB at [866-692-6901 (TTY 866-346-3642)]. If you question the accuracy of the information in MIB's file, you may contact MIB and seek a correction in accordance with procedures outlined in the federal Fair Credit Reporting Act. The address of MIB's information office is [50 Braintree Hill Park, Suite 400, Braintree, Massachusetts 02184-8734].

We or our reinsurers may also release information in our file to other insurance companies to whom you apply for life or health insurance, or to whom a claim for benefits may be submitted. Information for consumers about MIB may be obtained on its website at www.mib.com.

Any more questions — If you would like to know more about how we collect, evaluate, and control information about you as one of our applicants for insurance, you may contact us at Horace Mann Life Insurance Company, 1 Horace Mann Plaza, Springfield, Illinois 62715-0001, telephone 1-800-999-1030.

Acknowledgement and authorization

As part of your application for insurance to Horace Mann Life Insurance Company, you have signed the following statements.

Acknowledgement — All Proposed Insured(s) and owner(s) agree that they have received a copy of the following:

(1) "Consumer privacy notice" which: (a) details the methods you must use to exercise your rights to access, correct, and amend any information gathered about the Proposed Insured(s) or any child proposed for coverage which relates to this application for insurance; and (b) includes information about consumer reports and the Medical Information Bureau, Inc.; and

(2) "Acknowledgement and authorization."

Authorization — The following sources are authorized to disclose medical and non-medical information about the Proposed Insured(s) and any child proposed for coverage to Horace Mann Life Insurance Company, or its reinsurers: (1) any physician; (2) any medical practitioner; (3) any hospital, clinic, Veterans Administration, or other health care provider; (4) any insurance company; (5) any consumer reporting agency; and (6) the Medical Information Bureau, Inc. This includes but is not limited to all information as to any medical history, consultations, diagnosis, prognosis, prescriptions, treatments, tests, and any information regarding alcohol or drug abuse.

Information obtained will be used to determine eligibility for insurance for each Proposed Insured or child proposed for coverage. Horace Mann Life Insurance Company may release any such information to its reinsurers and the Medical Information Bureau, Inc. To facilitate rapid submission, all such sources are authorized, except the Medical Information Bureau, Inc., to give information to any agency employed by Horace Mann Life Insurance Company to collect and transmit such information. A photocopy of this authorization is as valid as the original and this authorization shall be valid for 24 months from the date signed. You or one of your authorized representatives have a right to a copy of this authorization.

Failure to make the authorization may be a basis for denying your application for insurance. You can provide written revocation of the authorization to the company at any time, except if: (1) the company has taken action in reliance on the authorization; or (2) the company is using the authorization in connection with a contestable claim under your policy. Revoking this authorization may be a basis for denying your application for insurance or for denying benefits.

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Rate Information

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Supporting Document Schedules

	Review Status:	
Satisfied -Name:	Certification/Notice	12/22/2008
Comments:		
Attachment:		
Arkansas Certification.pdf		

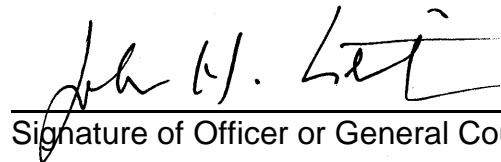
STATE OF ARKANSAS
CERTIFICATION OF COMPLIANCE

CARRIER Horace Mann Life Insurance Company

FORM TITLE(S) Application for reinstatement of life insurance
Consumer privacy notice

FORM NUMBER(S) IL-L12200
IL-L38300

I hereby certify that to the best of my knowledge and belief the above form submission complies with the laws, rules and regulations of the State of Arkansas.



Signature of Officer or General Counsel

John Leitermann, ASA, MAAA
Name

Vice President
Title and/or Business Affiliation

12/22/089
Date